

Service Coordination

The Department of Disabilities and Special Needs provides Early Intervention services to young children in a blended model, meaning that the child's Service Coordinator is also their Family Training provider. This model was chosen in order for children and families to experience more continuity of service and endure less stress because fewer people are entering their homes. In this manual, we refer to the Targeted Case Manager, as delineated in the SC Department of Health and Human Services Targeted Case Management Manual as the Service Coordinator/Early Interventionist (SC/EI).

The SC/EI is the person who works in partnership with the family to coordinate needed services. The SC/EI must assure that children/families have access to a full array of needed services including medical, social, educational, or other needed services through 4 key components; Assessment, Care Planning, Referral and Linkage and Monitoring and Follow Up. The SC/EI is responsible for identifying individual needs, strengths, and resources of the child and family; coordinating services that are supportive, effective and cost efficient to meet those needs; and monitoring the provision of those services. The SC/EI must partner with families in order to empower them. Through this partnership, families can learn to make decisions and coordinate their own care and services.

The following are roles and responsibilities of the SC/EI as they relate to the 4 Core Job Functions, however; additional information about related topics can be found in each Procedural Bulletin that covers that topic. For example, Assessment is discussed below, but more specific information about Assessments can be located in Procedural Bulletin # 8.

Assessment:

1. Assessing child/family resources, priorities and concerns on an annual basis, or as often as needed, through the use of the Family Assessment;
2. Assessing the child's development through the use of a CBA at least every 6 months, or as often as warranted due to major life changes;
3. Assessing the child's progress toward goals;
4. Recognize signs and symptoms of illness and take action accordingly;
5. Recognize and assist the family in assuring environments are free of fire and safety hazards. The attached Safety Checklist should be completed annually. This form can be modified however it must include all of the same information. (See Attachment # 4);

6. Recognizing signs and symptoms of abuse and neglect and when identified takes action accordingly by completing a report of abuse or critical incident as spelled out in DDSN Directive 534-02-DD;
7. A Level I/II Assessment must be completed no more than 10 business days prior to transfer from Early Intervention to Service Coordination. This form is completed to determine the level of service needed by the child once their case transfers. Children in Early Intervention CANNOT be placed on Level II.

Care Planning:

1. Developing, coordinating, reviewing and revising the IFSP (Individualized Family Service Plan) and the FSP (Family Service Plan) to address family and child strengths and needs;
2. Working with the parent and other IFSP/FSP team members to identify specific functional goals for the child and family and how to incorporate these goals into daily routines, activities and places;
3. The Family Service Plan (FSP) must be completed no later than 60 calendar days from the date that the SCDDSN Service Agreement is signed;
4. A six month review must be completed no later than 180 days from the plan date;
5. The IFSP/FSP must be reviewed and updated as needed but a new plan must be reformulated every 365 calendar days thereafter;
6. Additions or changes to the plan must be dated and signed or initialed by the EI;
7. The plan must involve the child/family and any other representative that the family wishes to invite to the meeting. The meeting should be held at times and locations that are convenient to the family.

Referral and Linkage:

1. Assisting, if assistance is needed, the parent in locating a primary care physician for their child unless it is the documented expressed wish of the parent not to have one;
2. Assisting the family to locate information or by making referrals as needed for preventive measures, medical evaluations, and treatment so that the parent may

- make informed healthcare decisions for their child;
3. Coordinating transitions to and from other community services (i.e., between early intervention and public school, Head Start, Early Head Start, and child care in the community);
 4. Arranging and linking families to needed services;
 5. Offering services through Greenwood Genetics Center to all families. This offer must be documented on the Genetic Service Consent Form;
 6. Exploring appropriate services and situations needed to benefit the development of each child being served for the duration of the child's eligibility;
 7. Implementation of activities to address identified needs within 10 business days from the date of identification unless otherwise specified in the plan;
 8. Ensuring that procedures are followed related to communicating with children and families in their native language or primary mode of communication;
 9. Completing the Cost of Services form on an annual basis for every child served;

Monitoring or Follow Up:

1. Attending interagency staffing's and meetings related to the child/family;
2. Documenting all aspects of Early Intervention activities including: written plans, reports, progress and follow-up towards goals;
3. Attending court ordered hearings or other legal proceedings (not reportable);
4. Integrating, coordinating, and monitoring the delivery of services, including assessment, medical, and health services, across agency lines, and serving as a liaison between parents and other service providers;
5. Completing all required actions as outlined in the ID/RD, PDD, and HASCI Waiver manuals when a service funded by the Waiver is identified as a need or the family expresses an interest in or a desire for waiver enrollment;
6. Ensuring appropriate and timely documentation, including the reporting of relevant data and the submission of required forms, and other documentation to DDSN and BabyNet as required or appropriate;

7. Offering and documenting the choice of providers annually during planning using the Acknowledgement of SC/EI Choice Form (See Attachment #1);
8. Monthly contact with those children served concurrently by SC/SDB;
9. A six month review must be completed no later than 180 days from the plan date;

Service Coordination Responsibilities: Not reportable, but required:

1. Maintaining and ensuring all needed changes are made to CDSS, STS, and BabyTrac within 3 working days of the change; CDSS and BabyTrac must contain current demographic information, support services information, waiver services information, other agency information and eligibility status information;
2. Keeping separate the documentation of Family Training and Service Coordination. Service coordination and Family Training are two separate services that may be provided during one visit with a family; however; they are two different services and must be documented as such;
3. Reporting activity on the Individual Service Report (ISR);

Children Turning Five who need services

The transition process for children turning 5 should begin at 4 ½ years but no later than 30 days prior to the child's 5th birthday. If the EI and family feel that the child should continue to receive Family Training, the EI must submit the Service Justification Form (See Attachment #7 for Service Justification Form) no later than 14 days prior to the child's 5th birthday. For this exception to be granted the child's circumstances must fall into one of the following major categories:

- Medically Fragile/homebound
- DSS Involvement with Child Protective Services
- Recent Major Life Change or Event (within 6 months)
- Late referral (child referred after the age of four)
- Other-Please describe current circumstances

A child meeting the Family Training Indicators is not enough to justify a five year old remaining in Early Intervention. The child and family should continue to receive Family Training until a determination is made by the Office of Children's Services staff. A response should be given by DDSN Children's Services staff within 14 days.

For children who enter the system through the USC Screening Process and are in need of Family Training an Early Interventionist must submit a Service Justification Form to the Office of Children's Services for approval of this exception.

Children Transitioning Out of Early Intervention:

For children over the age of three who are permanently eligible for DDSN services or eligible under "ID" or "Autism" Time Limited, the EI should discuss the transition to Service Coordination if the family no longer needs family training. If the child is eligible in an at-risk category and permanent eligibility cannot be established, the child's case must close. **EXCEPTIONS:** If the child is on the PDD Waiver waiting list **OR** the ID/RD waiver waiting list and they have a diagnosis that has a high probability of making them a lifelong consumer of DDSN services they should transfer to Level II Service Coordination.

Acknowledgement of SC/EI Choice

By signing this form I understand and acknowledge that my rights regarding choice of providers have been explained, and a list of qualified providers has been made available to me. I have reviewed the available options and have selected the provider listed below. I understand that at any time, if I am dissatisfied with my chosen provider, I can elect to change to another provider if available. My choice of qualified provider is:

Service Coordination: _____

Early Intervention: _____

Consumer (if age 18 or older) Date

Parent/Legal Guardian (if applicable) Date

Service Coordinator/Early Interventionist/Other Date

Updated Choice of SC/EI Provider

Provider: _____

Consumer/Parent Signature Date

Service Coordinator/Early Interventionist/Other Signature Date

Provider: _____

Consumer/Parent Signature Date

Service Coordinator/Early Interventionist/Other Signature Date

LEVEL I/LEVEL II SERVICE COORDINATION ASSESSMENT

Name: _____ **DOB:** _____

Instructions: Respond to each item. Responses should be supported by information contained in the person's record or file. If any item is scored "Yes" (with the exception of item #13), Level I Service Coordination is indicated. If none of the items are scored "Yes", then Level II Service Coordination is indicated.

ITEM	Yes	No
1. This person's DDSN eligibility being determined? (If this person's eligibility determination has been ongoing for more than 90 days, this question must be answered "no").		
2. This person has identified needs that will require the active and ongoing interventions of a Service Coordinator or Early Interventionist to address. Such interventions may be required due to the person's need for intensive treatment or services, parent/caregiver with limited skills or with a disability who is unable to provide adequate care/supervision of services and needs, the person's undiagnosed condition requiring further evaluation, the person's current or recent involvement in a volatile or possibly abusive, neglectful, or dangerous situation, etc.		
3. This person is in a critical situation (i.e., his/her name is on DDSN critical waiting list).		
4. This person is currently enrolled in the ID/RD, HASCI, PDD, or Community Supports Waiver.		
5. This person lives in an alternative placement or a DDSN supported placement other than an ICF/ID.		
6. This person is being concurrently served by DJJ.		
7. This person has medical (including genetic) conditions that require consistent, coordinated care by general or specialty physicians, therapists, and other allied health professionals and needs the active and ongoing interventions of a Service Coordinator regarding those services.		
8. This person is currently experiencing health risk indicators such as uncontrolled high blood pressure or unmanaged diabetes and their primary care physician is <u>not</u> managing this care.		
9. This person/guardian has expressed health or safety concerns that neither they nor others have been able to resolve, that they appear not to have recognized or are not addressing or refusing to address.		
10. This person is engaging in behaviors with serious health, safety, or legal consequences.		
11. This person is a threat to the health and safety of others.		
12. This person is experiencing circumstances that are a threat to his/her current living situation (such as behavioral issues or lack of supervision), or that threaten the continuation of care in the near future by the primary caregiver (such as health or aging issues)?		
13. This person's only case management provider is a DDSN qualified case management provider.		

Service Coordinator/Early Interventionist

Date
Procedural Bulletin #7
Attachment #2

Notice of Service Coordination Levels

Service Coordination is defined by Medicaid policy as the coordination of services to assure that people have access to a full array of needed services, thereby preventing the need for institutionalization or more costly services or interventions. When providing Service Coordination, it is expected that the Service Coordinator actively identify needs and resources, actively coordinate services to meet those needs, and actively monitor those services over time to assure that they continue to be necessary and appropriate. When active and on-going interventions for a Service Coordinator are required in order to access needed services, Level I Service Coordination services will be provided.

For those who do not require the active, on-going interventions of a Service Coordinator in order to access needed services, DDSN provides Level II Service Coordination. Short term, limited Service Coordination is provided at this level but there is no annual plan.

According to DDSN’s Level I/Level II Service Coordination Assessment,

According to DDSN’s policy, 700-04-DD, as it relates to eligibility determination,

_____ requires Level II Service Coordination.
(Name)

This means that you may contact the Service Coordinator anytime you need assistance. An estimate of the cost of services you receive (if applicable) and information on what is and how to report abuse/neglect is available upon request from the Service Coordinator.

Service Coordinator: _____

Address: _____

Telephone Number: _____

If the above Service Coordinator is not available, you should ask for the Service Coordinator Supervisor.

If you wish to discuss this decision, please contact the above Service Coordinator. If you wish to appeal this decision, please write or tell the Service Coordinator or the supervisor that you wish to appeal. They will then instruct you about the procedures. You may also have someone make an appeal for you.

Service Coordinator/Early Interventionist

Date

Service Coordinator/Early Interventionist Supervisor

Date

Safety Checklist

The Early Interventionist should review the health and safety checklist with the parent/caregiver. Any answer that may point out a potential danger should be discussed and every possible effort should be made to "remove" the potential danger.

Child's Room

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the child have a crib or a safe place to sleep? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are crib slates no more than 2 3/8 inches apart? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the crib mattress fit the crib snugly? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the child's crib located near a window with curtains and/or blinds? If so, it is advisable to move the crib to a different location. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the child's bed/crib placed away from radiator's or other heated surfaces? |

Kitchen

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are the kitchen cabinets equipped with safety locks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are cleaning products kept out of the child's reach? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the high chair placed away from the stove or other hot Appliances? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are knives and other sharp items kept out of child's reach? |

General Precautions

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a fire extinguisher in the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there smoke detectors in the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an emergency exit plan to use in case of fire? If not a plan is advised. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the child have a car seat? If yes, is it appropriate for that age child? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are televisions placed in locations where they are likely to fall? |

- Are there stair gates at the base and top of any stairs in the home?
- Are house plants kept out of reach of small children?
- Are all electrical sockets covered?
- Is the child provided constant supervision during bath-time?
- Are space heaters and/or kerosene heaters kept at a safe distance from other objects?
- Are space heaters and/or kerosene heaters kept out of reach of the child(ren)?
- If there are guns in the home are they out of reach of small children?
- Do the guns have trigger locks?
- Are there items in the home that contain button batteries

Home Safety Review

The review of the following safety checklist was completed with my early interventionist on this date.

Parent/Caregiver

Date

Early Interventionist

Date